Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER SMALL	
TOTAL CLAIMS			15				Γ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FE	E 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			15 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			5 minus 3 =		. 2			X40=		OR	X80=	160
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=	
-* If	the difference	in column 1 is	ro, entei	r "0" in c	olumn 2	L	TOTAL		OR		870	
CLAIMS AS AMENDED - PART II								•		4	OTHER	
(Column 1) (Column 2) (Column 3								SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A	\$40.5 g	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total =	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent • FIRST PRESENTATION OF M		Minus ***		T CL AINA	=		X40=		OR	X80=	
<u> </u>		200						+135=		OR	+270=	
	and the second section of the section of the second section of the section of the second section of the second section of the second section of the sect							TOTAL		OR	TOTAL ADDIT. FEE	
	ADDIT. FEE											
AMENDMENT B	<i></i>	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF M	Minus	***	CL AINA	=	1 [	X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)		DDIT. FEE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	$] \lceil$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	J [	X\$ 9=		OR	X\$18=	•
	Independent	*	Minus	***		=	<b>   </b>	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	
** If the entry in column 1 is less than the entry in column 2, write '0 in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
	ine "Highest Num	nber Previously Pa	id For" (Total oi	· independ	ent) is the	nignest numb	er roun	id in the ap	propnate bo	x in co	iumn 1.	

Application or Docket Number